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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## COVER LETTER

CUDICAT	AAP LEGAL CONSULTING, LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	HEATHER DECKER
	Name of Person
	Firm/Company
	5017 WINDMILL PALM TERRACE NE
	Address
	SAINT PETERSBURG, FL 33703
	City/State and Zip Code 4HEATHERMD@GMAIL.COM
-	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	HEATHER DECKER 713 818-5997
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
<b>\$1</b> 25,00 Fi	Siling Fee Slatus Slatu

#### Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

AAP LEGAL CO	NSULTING, LLC		
(Must c	ontain the words "Limited Liab	ility Company, "L.	L.C.," or "LLC.")
TICLE II - Address:			
e mailing address and stree	et address of the principal office	of the Limited Lia	ibility Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
5017 WINDMILI	5017 WINDMILL PALM TERRACE NE		INDMILL PALM TERRACE NE
SAINT PETERSBURG, FL 33703		SAINT	PETERSBURG, FL 33703
TICLE III - Registered and Limited Liability Comp	Agent, Registered Office, & R	egistered Agent's	
TICLE III - Registered and Limited Liability Composither business entity with a	Agent, Registered Office, & R	gistered Agent, You	Signature:
TICLE III - Registered and Limited Liability Composither business entity with a	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.)	gistered Agent, You	Signature:
TICLE III - Registered and Limited Liability Composither business entity with a	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.) cet address of the registered age HEATHER DECKER	gistered Agent, You	Signature:
TICLE III - Registered and Limited Liability Composither business entity with a	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.) cet address of the registered age HEATHER DECKER	ent are:	Signature: n must designate an individual or
TICLE III - Registered and Limited Liability Composither business entity with a	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) cet address of the registered age HEATHER DECKER	ent are:  TERRACE NE	Signature: n must designate an individual or
TICLE III - Registered and Limited Liability Composither business entity with a	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.) cet address of the registered age HEATHER DECKER Na 5017 WINDMILL PALA	ent are:  TERRACE NE	Signature: I must designate an individual or ALCAHASSEC

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	HEATHER DECKER
T. C.	5017 WINDMILL PALM TERRACE NE SAINT PETERSBURG, FL 33703
	→ → → → → → → → → → → → → → → → → → →
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(Use attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	e of filing:
LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.)  If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date feetive date is listed, the date must be specifiling.)	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)